

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

AS FILED

**AFTER
1ST AMENDMENT**

**AFTER
2ND AMENDMENT**

AS FILED

**AFTER
1ST AMENDMENT**

**AFTER
2ND AMENDMENT**

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TOTAL IND.

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TOTAL DEP.

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↓

TOTAL CLAIMS

20

↓

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TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

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